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CONFIRMATION NO. 1323

<b>SERIAL NUMBER</b> 10/567,515	<b>FILING OR 371(c) DATE</b> 02/07/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1612	<b>ATTORNEY DOCKET NO.</b> ON/4-33306A
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a 371 of PCT/EP04/08849 08/06/2004 which claims benefit of 60/493,320 08/07/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
08/19/2006

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Chris</i> Initials			

**ADDRESS**  
1095

**TITLE**  
Histone deacetylase inhibitors as immunosuppressants

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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